

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>AL</i>	<i>9/27</i>
FORMALITY REVIEW	<i>BZ</i>	<i>3C3-283</i>	<i>10-17-01</i>
RESPONSE FORMALITY REVIEW	<i>ph</i>	<i>1090</i>	<i>3-6-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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617  
 3-6-02  
 10/18/01